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An Inter-Rater Reliability Study of Parental Alienation Syndrome

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The dual purpose of this study was to first test the acceptance of the concept of parental alienation among therapists, and secondly, to assess the validity of parental alienation as a syndrome among therapists who are familiar with this phenomenon. The study measured the independent variable, symptoms of parental alienation syndrome, and the dependent variable, therapists' perception of the syndrome.

The respondents analyzed five cases using Dr. Richard Gardner's differential diagnosis chart built into a questionnaire for the potential alienator and the child. For the measurements of reliability and inter-rater reliability, the researcher used Microsoft Excel and Kendall's coefficient of concordance.

The findings showed a significant level of concordance among raters in all five cases except in Case 2, where there was a lower consensus on the presence of parental alienation syndrome or meeting Dr. Gardner's criteria due to the complexity of the case presentation. Similarly, findings also reflect the relatively recent discovery of this phenomenon, evidenced by some level of apathy from the general population of therapists to get involved.

The completed surveys were from therapists familiar with parental alienation syndrome, which indicated their level of understanding of the phenomena and how their views differed from other therapists who were unfamiliar with PAS. The data gathered from the completed surveys was sufficiently reliable to suggest a wider study for the purpose of classification in the next edition of the DSM.

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RECOGNITION OF PARENTAL ALIENATION SYNDROME

Parental alienation syndrome is a specific subcategory of parental alienation that results from a combination of parental programming and the child's own contribution. It is almost exclusively seen in the context of child-custody disputes (Gardner, 1998).

PAS successfully gained the recognition of Florida's 13th Circuit Court by passing The Frye Test¹ on November 22, 2000 (Gardner, 2002). Subsequently, in 2002, an equivalent test in Israel's supreme court gave PAS recognition (PAS Network, 2002). On August 9, 2002, PAS passed the Mohan Test in Canada (PAS Network). This test is the equivalent to The Frye Test in the United States. However, the Mohan Test is known to be more stringent. The four-point criteria for a theory to be admissible in Canadian's courts according to the Mohan Test follow:

1. It must be relevant.
2. It must be necessary to assist the court.
3. It must be allowable in court pursuant to the rules of evidence.
4. There must be a properly qualified expert available to assist the court.

Equally important is the recognition of PAS in five other countries: Australia, the United Kingdom, the Netherlands, Germany, and the United States. In the United States, PAS is admissible in 21 states, for a total of 70 courts throughout the nation.

While PAS continuously gains support and credibility in the legal community, it also elicits controversy. Some of the literature about PAS attempts to discredit its reliability and credibility. Initially, the main focus of resistance came from the feminist sector, which felt particularly targeted by Gardner's proposition that PAS was more commonly found in women than in men (Gardner, 2000).

Nonetheless, the social implications of high-conflict-divorce and PAS represent a major concern to individuals, families, and society. Glenn Cartwright (1993) indicated that "the problem [of PAS and high conflict divorce] is growing in our society and now affects 90% of all children in custody litigation" (p.207). Unfortunately, the debate over PAS within the mental health system deters many people from presenting this issue in court. According to Justice R. James Williams, "as nouns, *Parental Alienation Syndrome* and *Parental Alienation* have been stretched and pulled. 'Syndrome' or 'PAS' is used by some authors, by some authors some times, and simply dropped by others" (Williams, 2001, p. 8).

¹The Frye test is the standard by which a court can determine whether a scientific contribution has gained enough acceptance in the scientific community to be administered in a court of law.

The true risks here are the legal repercussions of denying PAS as a syndrome. Gardner (1999) stated that denying the existence of the syndrome could cause more harm than good (p. 2). It also becomes a matter of convenience for the litigating attorneys who according to Gardner, might argue that there is no such thing as PAS, therefore there is no programming and there is no alienation (2000, p. 4). To admit the existence of PAS in legal proceedings, it would have to obtain scientific approval, which is usually provided by admission into the *DSM* after the disorder has been appropriately tested. According to Kelly and Johnston (2001), there is a lack of empirical support for PAS as a diagnostic entity (p. 3). Attempting to discredit a valid case of PAS in court, however, contributes to prolonging the case unnecessarily.

SCOPE AND LIMITATIONS

Perhaps the most significant limitation to this study was the scarce availability of data and information due to the relative recent discovery of the concept. Another significant limitation was the resistance the researcher encountered from colleagues in the field. Due to the newness of this concept and the controversy it has created, there is a thread of opposition to PAS as a syndrome and as a valid concept in general (PAS Network, 2002).

The scope of the problem is immense compared with the resources available to accurately quantify the magnitude of this phenomenon. The following limitations occurred in the life of the study:

1. Some participants manifested a lack of interest in filling out surveys due to time constraints or philosophical disagreement with the concept of PAS. Out of 58 surveys, 18 were returned. Two respondents indicated they did not have time to complete them. One excused himself due to family emergency, and one directly expressed a philosophical opposition to the concept of PAS.
2. Despite the consistency in the case presentation, this study was not free from subjective interpretation of the cases.
3. Another characteristic of the study was the respondents' subjective understanding of parental alienation and PAS.

RESEARCH DESIGN AND METHODOLOGY

The review of the literature does not show evidence of any previous inter-rater reliability studies for the purpose of testing PAS as a reliable syndrome and as suggested by Gardner (PAS Network, 2002). For the purpose of this research, the identified independent variable to be examined was the presence of PAS symptoms. The symptoms were consistently presented to

different therapists in different geographical locations throughout the United States, Canada, and Europe.

The dependent variable herein was classified as the interpretation each therapist gave to the case presentation. The practitioners were presented a set of five cases, which were previewed and evaluated by a panel of experts in the field of child custody and PAS. The cases were presented to the subjects in random order.

The characteristics of the cases follow:

1. Three cases had the valid symptoms of PAS, according to Gardner's definition.
2. One case presented some similarities with PAS, but it did not meet criteria for PAS.
3. One case did not present any criteria for PAS.

For the purpose of this study, Kendall's coefficient of concordance was used to measure the degree of agreement among respondents. For the purpose of this study, the sample selected from the general population of mental health professionals corresponded to 58 professionals familiar with child custody evaluations, high conflict divorce, and particularly PAS. All participants were PhD level practitioners in mental health with the exception of a few respondents with a medical degree in psychiatry. They were selected from three different fields: psychiatrists from the American Medical Association, psychologists from the American Psychological Association, and child custody evaluators from the Professional Academy of Child Custody Evaluators.

The participants received packets containing a letter of introduction, the consent form, the five vignettes, the definition of syndrome, the differential diagnosis, the questionnaire, and one stamped, self-addressed envelope for the vignettes and questionnaire. Each participant was asked to identify the symptoms that corresponded to each case and the type of alienation present in each case. For the effects of retesting, respondents received the questionnaires a second time to assess the degree of consensus and/or to achieve consensus. This step of retesting was crucial to the investigation for the purpose of validation. Additionally, the validity of the research was established by internal means. The researcher sought statistical validity by measuring the participants' understanding of what a syndrome is. The answers were measured by using Kendall's coefficient of concordance.

A scale with closed questions was also used to collect each respondent's answers. The scale consisted of three brief sections:

1. The appraisers' classification of the case presentations;
2. The appraisers' understanding of the differential diagnosis of PAS and the definition of syndrome; and
3. Demographic information of the appraisers.

The format of the scale consisted basically of “yes” and “no” answers to facilitate compliance from the rater. This process simplified the answers and reduced the time each appraiser had to spend on each case. One third of the surveys were completed fully and returned. Other practitioners acknowledged their philosophical differences, and the rest were not returned.

Test/Retest Analysis

The second round concerning the retest began 60 days after the initial survey was sent and there was not much variation from the original observations. From the total number of questions answered by all respondents in all five cases, only 2.1% of the answers showed a slight variation in the second round during the test/retest.

Alpha scale² was considered with the purpose of analyzing the agreement of the outcome in both rounds. This reliability analysis was also used to analyze the data from questions 12 and 13 in Questionnaire 5: *are you familiar with the definition of PAS?* And, *are you familiar with the definition of Syndrome?* These questions reinforced the validity of the tool and also validated the reliability of the respondents’ understanding and familiarity with the definitions of PAS and syndrome, which offered more confidence to the study.

In order to clarify this inter-rater reliability study, its analysis was defined in two phases: the initial test of content validity and the inter-rater/test-retest reliability.

PHASE 1: INITIAL TEST OF CONTENT VALIDITY

In addition to the panel of experts, the completion of the initial phase of the study itself contributed to its validation. Data collected during this first round showed significant agreement in the responses, which ensured an adequate preliminary outcome-analysis of the study.

To analyze the data, the fields were classified in different subgroups as follows:

1. The potential alienator;
2. The child;
3. A respondent’s knowledge about PAS and the concept of syndrome; and
4. A respondent’s demographic information.

²Alpha is the parameter that considers the variables in the analysis to be a sample from the universe of potential variables. It maximizes the alpha reliability of the factors that controls the relative weight given to recent values. Alpha values near 1 give high weight to recent series values. Alpha is used for all models.

PHASE 2: RELIABILITY TEST

The reliability test provided the necessary consistency among the respondents. The answers in this second round did not deviate significantly from the answers in the initial round. For statistical analysis regarding the reliability of the study, each case was classified separately using Microsoft Excel. It allowed the data to be analyzed according to case presentation, the subcategory for the potential alienator or the child, a specific single field, a question for each respondent, or a question for all respondents in each case. Microsoft Excel was instrumental in this stage to show the correlation between responses from the same respondent. Additionally, SPSS was used to calculate the reliability by using Kendall's coefficient of concordance.

In conclusion, all respondents demonstrated a great deal of concordance in their responses in all five cases. Case 2 provided the most significant mixed reaction, and yet, there was consistency among respondents on the level of disagreement in this case.

Discussion of the Study

According to Ziropiannis (2001), "when a standardized test measures the occurrence of a disease or a syndrome, the test is reliable if different evaluators giving the same test derive the same or similar conclusions" (p. 2). All 14 evaluators in this study were presented with the same cases and questions.

The survey was constructed in such a way that Question B.14: *If PAS is present, which type?* validated Question 3: *Do you believe this case meets the criteria for PAS?* Both questions B.14, and 3, agreed on the occurrence of PAS and whether the case met PAS criteria by Gardner's definition. Finally, Case 5 contains nine extra questions. Question 12: *Are you familiar with the definition of PAS?* from that section confirms the respondents' knowledge about PAS.

CASE 1

This section describes the findings for the presence, criteria, and overall answers for PAS in Case 1. Results for all cases, from one to five, were obtained by using Microsoft Excel, and SPSS was used for obtaining Kendall's coefficient. The majority of respondents believed PAS was present. While 35.7% agreed Case 1 presented severe PAS, 50% agreed on a classification of moderate PAS.

For the purpose of the retest, SPSS was used to measure the level of reliability. The first measure relates to the number of total questions answered throughout the entire survey, and the second measure consists of the reliability analysis using the Kendall's coefficient of concordance. The outcome of the second round was highly influenced by the four unreturned surveys. As a result, it affected the reliability measure of the study. Nevertheless, there

was a 71.4% overall consistency regarding the type of PAS measured by the respondents.

The following findings validated Question 3. Some 7.14% of the respondents did not answer the question, and 14.28% were not sure. The remaining 78.57% believed this case met the criteria for PAS. Additionally, all respondents expressed their familiarity with the definition of PAS. Only one respondent indicated he or she was not totally familiar with the concept of PAS. This question did not require a reliability test because it was a constant variable for all the respondents.

CASE 2

This section describes the findings in Case 2 for the presence, criteria, and overall answers for PAS. In Case 2, the opinions were mixed. In this case, 35% did not answer the question at all, while 7.14% did not believe this case was PAS. Another 7.14% was not sure. A total of 21.42% considered this case presented mild PAS. Another 21.42% thought that this was moderate PAS, and 7.14% thought this was a severe case. Although the overall responses offered in Case 2 were rather conflicting, all respondents' general consensus was to agree to disagree.

Regarding Question 3 in Case 2, "meeting Gardner's PAS criteria," this question offered a higher consensus among respondents. More than half, or 57%, agreed this case did not meet the criteria for PAS. On the other hand, 21% thought this case met the criteria, and another 21% was not sure. As conflicting as this case was, Kendall's coefficient showed a significant rate of agreement among respondents.

CASE 3

This case showed a higher level of correlation among respondents. This section described the findings for the presence, criteria, and overall answers for PAS. In Case 3, there is more agreement among respondents than in Case 2. In this case, 42.86% believed there was a severe case. A similar number thought it was rather moderate, and only 7.14% thought it was a mild case. Only 7.14% did not provide an answer.

The reliability test validated the outcomes obtained in this second phase of the study. It reinforced the consistency in the respondents' classification of criteria for PAS throughout the entire study despite the absent surveys. Case 3 denotes a high level of concordance among rates, which produces a higher level of reliability. This is also corroborated by the retest, in which there is a consistency in the measures despite the missing data.

CASE 4

This section describes the findings in Case 4 for the presence, criteria, and overall answers for PAS. In Case 4, the reactions were mixed again, as evidenced by 35.71% finding moderate PAS in this case, 28.57% seeing evidence

of severe PAS, and 7.14% thinking PAS was mild. One person agreed PAS was present but did not offer a category, and 21.42% did not provide a definite answer at all. As far as meeting the criteria, this question ensured more consistency. Some 64% of the respondents agreed this case met the general criteria for PAS, 21.42% disagreed, and 14.28% were not sure. Nevertheless, Case 4 maintained a high mark in the reliability scale.

CASE 5

This section describes the findings in Case 5 for the presence, criteria, and overall answers for PAS. This case presents a higher level of agreement among respondents for the variables responsible for the classification of PAS and syndrome, with 64.28% agreeing this case was a severe case of PAS and 21.42% classifying it as moderate. Some 7.14% agreed it was definite PAS but failed to provide a classification, while 7.14% did not provide an answer at all.

As far as meeting PAS criteria, 92.85% agreed this case met PAS criteria, and 7.14% were not sure. This case also shows a high level of responses.

Definition of Syndrome

To assure consistency with this question, all surveys included the definition of syndrome, as defined in *Longman's Dictionary of Psychology and Psychiatry* (Goldenson, 1984).

This definition of syndrome was presented to the respondents in Question 2, which required the respondents' to assess whether the case complied with the definition of syndrome. Additionally, Case 5 presented Question 12, which confirmed the knowledge about the definition of syndrome. For general purposes, Question 12 refers to the respondents' familiarity and understanding of the definition of syndrome, and whether it is by the respondents' own accounts or after learning it from the definition furnished with the survey. Thirteen out of 14 respondents acknowledged familiarity with the definition of syndrome.

In Case 1, there was a high degree of agreement among respondents. Some 78.58% agreed this case complied with the definition of syndrome, and 21.42% stated they were unsure. One respondent failed to answer the question.

For Case 2, 28.57% of respondents believed this case met the definition of syndrome, and one respondent, or 7.14%, was unsure. The remaining 64.28% concurred this case did not meet criteria concurrent with the diagnosis of syndrome.

In Case 3, 28.57% believed it did not meet the definition of syndrome, whereas 71.42% respondents concurred this case agreed with the diagnosis of syndrome.

TABLE 1. Agreement of PAS and Syndrome Criterion

	Case #1 (%)	Case #2 (%)	Case #3 (%)	Case #4 (%)	Case #5 (%)
Agreement of PAS Criterion	86	21	79	71	93
Agreement of Syndrome Criterion	79	29	71	64	93

There is a high degree of concordance among respondents regarding the agreements of PAS criterion and syndrome criterion. The major discrepancy is in case 2, where respondents also concurred on their level of disagreement. Overall, the agreement of PAS prevailed over the agreement regarding the concept of syndrome.

Case 4 saw 14.28% of respondents believing the case did not meet the definition of syndrome, while 21.42% were unsure. The remaining 64.28%, concurred this case met the diagnosis of syndrome.

In Case 5, 85.71% of respondents agreed this case met the criteria for the diagnosis of syndrome. Only 7.14% were unsure, and 7.14% did not concur with the diagnosis.

In terms of the general concordance from all respondents, Table 1 illustrates the rate of agreement among respondents based on the data gathered from the first round of the study.

In Case 2, the major disparity appeared in questions B.14 and 3. The former refers to the presence of PAS, and the latter refers to Gardner's criteria. Four respondents left question B.14 unanswered, and similarly, five respondents did not answer Question 3. The different variables presented in this case apparently confused some of the respondents.

Parental Alienation vs. Parental Alienation Syndrome

This is perhaps the most controversial of the hypotheses. It is also the very essence of the phenomenon of PAS. Opinions are divided when it comes to the issue of parental alienation as a syndrome. Authors such as Kelly and Johnston (2001), Ziropiannis (2001), Faller (1998), Johnston, Walters, and Friedlander (2001), Williams (2001), Sullivan and Kelly (2001), and Warshak (2001) believe in a form of alienation not necessarily present as a syndrome. According to Gardner (1998), "some mental health professional prefer to use the term parental alienation over parental alienation syndrome to avoid getting into an area of conflict and to appear more politically correct" (p. xxviii).

Although many experts admit there is a form of alienation, most of them fail to agree on a common term for this ailment. Gardner (2001) insists that parental alienation and parental alienation syndrome are basically the same, with the exception that PAS is a specific subcategory of parental alienation.

For the purpose of this study, this item was addressed in two ways:

1. An implicit value, as considered in the completion of the entire survey, which is based on the tenets of the phenomenon of parental alienation syndrome; and
2. An explicit value openly discussed in questions 2, 3, 4, 13, and 14, concerning the respondents understanding of parental alienation syndrome and the definition of syndrome.

In regard to the implicit value, the author considered the actual rate of return to be an indicator of the level of disagreement among therapists concerning PAS. From the original 58 surveys that were sent, 18 were actually returned. Among those 18 surveys, one person said he did not treat children. Another respondent stated it was too much work. A third one excused himself from the study due to a family crisis, and a fourth openly stated her office had a philosophical disagreement regarding PAS. There was no other indication of what happened to the remaining 40 surveys.

There is no doubt about the level of each respondent's knowledge about PAS. Ninety-five percent of the respondents, acknowledged familiarity with the definition of syndrome, and 95% of the respondents admitted to having knowledge about PAS. In addition, all respondents have a strong background in child custody litigation with a combined total of more than 1,900 appearances in court. Each respondent had a minimum of 20 years of education equivalent to a PhD or MD level. This experience and level of competency confirms the level of knowledge and integrity of the respondents. This body of knowledge becomes fundamental to the validity and reliability of this study.

In regard to the extrinsic value, the 18 returned surveys presented an answer to the second approach concerning the third null hypothesis. Only one person found one of the questions, Question 4: *If PAS is present, do the children contribute?* not to contribute to PAS.

In conclusion, there was only one documented answer that firmly determined the respondents' distinction between PAS and parental alienation. A second person disagreed with only one of the five questions defining the criterion for PAS. Based on the surveys returned, 93% of the respondents agreed with the assessment of parental alienation syndrome in all five cases. However, this study failed to firmly differentiate PAS from parental alienation.

SUMMARY

This study clearly denotes the very essence of the phenomenon surrounding PAS: (a) the lack of consistency among mental health practitioners, (b) the close agreement among those mental health practitioners who agree and

understand PAS, and (c) the need to define and establish PAS as a universal category. The data collected and presented in the study demonstrates that those who recognize PAS as a valid phenomenon closely agree in almost all aspects concerning PAS. Contrary to this is the segment of mental health professionals who admit that alienation exists but in other variations not necessarily as a syndrome, and those who deny any form of parental alienation.

It is crucial for PAS to gain recognition as a true syndrome and strengthen its credibility within the legal and scientific communities. Sanctioning PAS as a formal diagnosis ensures its use by mental health professionals. As with many other disorders in their early stages, there will be a better understanding of PAS when more people start using it more frequently. Therefore, having more practitioners use PAS routinely as a formal diagnosis enhances the probability of a higher degree of response in future studies.

REFERENCES

- Amato, P. R., & Booth, A. (2001). The legacy of parent's marital discord: Consequences for children's marital quality. *American Psychological Association, 81*(4), 1–23.
- American Psychiatric Association. (2000). *Diagnostic criteria from DSM-IV-TR* (4th ed.). Washington, DC: Author.
- Beck, C., & Sales, B. (2000). A critical reappraisal of divorce mediation research and policy. *Psychology, Public Policy, and Law. American Psychological Association 6*(4), 1–64.
- Carbone, J. (2001). Has the gender divide become unbridgeable? The implications for social equality. *Journal of Gender, Race, & Justice, 5*(31), 1–28.
- Cartwright, G. (1993). Expanding the parameters of Parental Alienation Syndrome. *The American Journal of Family Therapy, 21*(3), 205–215.
- Faller, K. C. (1998). The parental alienation syndrome: What is it and what data to support it? *Child maltreatment, 3*(2), 1–27.
- Gardner, R. A. (2002). Does DSM-IV have equivalents for the parental alienation syndrome (PAS) diagnosis? [On-Line]. Available: www.rgardner.com/refs/ar12.html
- Gardner, R. A. (2002). PAS peer review articles. [On-Line] Available: www.rgardner.com/refs/pas_peerreviewarticles.html
- Gardner, R. A. (2002). The role of the judiciary in the entrenchment of the Parental Alienation Syndrome (PAS). Available: On-line: www.rgardner.com/refs/pas_ar11w.html
- Gardner, R. A. (2002). PAS Network.
- Gardner, R. A. (2002). Parental Alienation Syndrome vs. Parental Alienation: Which diagnosis should evaluators use in child custody disputes? *American Journal of Family Therapy, 30*(2), 93–115.
- Gardner, R. A. (2001). A brief introduction to Parental Alienation Syndrome. [On-Line] Available: www.rgardner.com/refs/pas_intro.html
- Gardner, R. A. (2000). A brief introduction to Parental Alienation Syndrome. [On-Line] Available: www.rgardner.com/refs/pas_intro.html

- Gardner, R. A. (1999). *The Parental Alienation Syndrome*. Cresskill, New Jersey: Creative Therapeutics, Inc.
- Gardner, R. A. (1999). Family therapy of the moderate type of Parental Alienation Syndrome. *The American Journal of Family Therapy*, 27(3), 195–212.
- Gardner, R. A. (1989). Psychotherapeutic and legal approaches to the three types of Parental Alienation Syndrome families. In Children in Divorced family systems: New approaches. Presentations at NCCR's annual conference. *National Council for Children's Rights*. October, 1989.
- Gardner, R. A. (1998). Recommendations for dealing with parents who induce a parental alienation syndrome in their children. *Journal of Divorce and Remarriage*, 28(3), 1–23.
- Gardner, R. A. (1985). Recent trends in divorce and custody litigation. *Academy Forum*, 29(2), 3–7.
- Gardner, R. A. (1976). *The parents books about divorce*. New York: Bantam Books.
- Goldenson, R. (Ed.). (1984). *Longman Dictionary of Psychology and Psychiatry*. New York: Longman.
- Graves, G. (2001). Relationships. *Health*, Jan/Feb 2001, Vol. 15(1), 1–5.
- Johnson, D., & Wu, J. (2002). An empirical test of crisis, social selection, and role explanations of the relationship between marital disruption and psychological distress: A pooled-time series analysis of four-wave panel data. *Journal of Family and Marriage*, 64(1), 1–20.
- Johnston, J., Gans-Walters, M., & Friedlander, S. (2001). Alienated children and divorce: Therapeutic Work with Alienated children and their families. *Family Court Review*, 39(316), 1–17.
- Kelly, J., & Johnston, J. (2001). Alienated children in Divorce: The alienated children: A reformation of Parental Alienation Syndrome. *Family Court Review* 39(249), 1–14.
- Kendall, M., Stuart, A., & Ord, K. (1987). *Kendall's advanced theory of statistics* (fifth ed.). New York: Oxford University Press.
- Kim, T. E., & Goto, S. G. (2000). Peer delinquency and parental social support as predictors of Asian American adolescent delinquency. *Deviant Behavior: An Interdisciplinary Journal*, 21, 331–347.
- Kumpfer, L., & Alvarado, R. (1998). Effective family strengthening interventions. *Juvenile Justice Bulletin*, November 1998.
- Mack, K. Y. (2001). Childhood family disruptions and adult well being: The differential effects of divorce and parental death. *Death Studies*, 25, 419–443.
- Matherne, M., & Thomas, A. (2001). Family environment as a predictor of adolescence delinquency. *Adolescence*, 36(144), 1–9.
- Major, J. (2002). Parents who have successfully fought Parental Alienation Syndrome. [On-Line]. Available: <http://www.breakthroughparenting.com>
- Munro, B. H. (2001). *Statistical methods for health care research*. New York: Lippincott.
- Schacht, T., & Quillen, J. (2000). Prevention strategies to protect professionals and families involved in high conflict divorce. *University of Arkansas at Little Rock Review*, 22(565), 1–15.
- SPSS 11.0 Brief guide (2001). New Jersey: Prentice Hall, Inc.

- Sullivan & Kelly (2001). Alienated children in divorce: Legal and psychological cases with an alienated child. *Family Court Review*, 39(299), 1–16.
- Thuen, F., & Rise, J. (2001). Dimensionality of psychosocial responses to marital disruption. *Scandinavian Journal of Psychology*, 42(9), 9–15.
- Turkat, I. (1994). Child Visitation Interference Review. *Clinical Psychology Review*, 14(8), 737–742.
- Warshak, R. (2001). *Divorce Poison*. New York: Harper Collins Publishers, Inc.
- Williams, R. J. (2001). Alienated children and divorce: Should judges close the gate on PAS and PA? *Family Court Review*, 39(July), 1–16.
- Ziogiannis, L. (2001). Special issue: Alienated children in divorce: Evidentiary issues with Parental Alienation Syndrome. *Family Court Review*, 39(334), 1–8.